WILLOWDALE NURSING & REHAB CENTER

1610 HOOVER ST

NEW HOLSTEIN 53061 Phone: (920) 898-5706	;	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	47	Average Daily Census:	48

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	ે
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	31.9
Supp. Home Care-Personal Care	No					1 - 4 Years	40.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.5	More Than 4 Years	27.7
Day Services	No	Mental Illness (Org./Psy)	19.1	65 - 74	10.6		
Respite Care	Yes	Mental Illness (Other)	2.1	75 - 84	27.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.7	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	8.5		100.0	(12/31/04)	
Other Meals	Yes	Cardiovascular	8.5	65 & Over	91.5		
Transportation	No	Cerebrovascular	19.1			RNs	12.4
Referral Service	No	Diabetes	10.6	Gender	%	LPNs	7.0
Other Services	No	Respiratory	8.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23.4	Male	23.4	Aides, & Orderlies	35.9
Mentally Ill	No			Female	76.6		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No			İ	100.0		
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Method of Reimbursement

	Medicare (Title 18)				edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	6.7	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.3
Skilled Care	4	100.0	368	26	86.7	118	0	0.0	0	13	100.0	162	0	0.0	0	0	0.0	0	43	91.5
Intermediate				2	6.7	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		30	100.0		0	0.0		13	100.0		0	0.0		0	0.0		47	100.0

WILLOWDALE NURSING & REHAB CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.8	Bathing	0.0		66.0	34.0	47
Other Nursing Homes	5.3	Dressing	10.6		55.3	34.0	47
Acute Care Hospitals	75.4	Transferring	23.4		40.4	36.2	47
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.6		51.1	38.3	47
Rehabilitation Hospitals	0.0	Eating	46.8		38.3	14.9	47
Other Locations	1.8	******	* * * * * * * * * * * * * * *	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	57	Continence		ક	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.5	Receiving Resp	iratory Care	6.4
Private Home/No Home Health	5.6	Occ/Freq. Incontine	nt of Bladder	59.6	Receiving Trac	heostomy Care	2.1
Private Home/With Home Health	31.5	Occ/Freq. Incontine	nt of Bowel	44.7	Receiving Suct	ioning	0.0
Other Nursing Homes	5.6				Receiving Osto	my Care	2.1
Acute Care Hospitals	11.1	Mobility			Receiving Tube	Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	34.0
Rehabilitation Hospitals	0.0					-	
Other Locations	13.0	Skin Care			Other Resident C	haracteristics	
Deaths	33.3	With Pressure Sores		6.4	Have Advance D	irectives	95.7
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	54				Receiving Psyc	hoactive Drugs	29.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Prop	ership: orietary Group	50	Size: -99 Group	Ski	ensure: lled Group	Al	l lities
	*	%	Ratio	% Peer	Ratio	% Peer	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	88.5	1.08	89.0	1.08	90.5	1.06	88.8	1.08
Current Residents from In-County	48.9	80.0	0.61	81.8	0.60	82.4	0.59	77.4	0.63
Admissions from In-County, Still Residing	10.5	17.8	0.59	19.0	0.55	20.0	0.53	19.4	0.54
Admissions/Average Daily Census	118.8	184.7	0.64	161.4	0.74	156.2	0.76	146.5	0.81
Discharges/Average Daily Census	112.5	188.6	0.60	163.4	0.69	158.4	0.71	148.0	0.76
Discharges To Private Residence/Average Daily Census	41.7	86.2	0.48	78.6	0.53	72.4	0.58	66.9	0.62
Residents Receiving Skilled Care	95.7	95.3	1.00	95.5	1.00	94.7	1.01	89.9	1.06
Residents Aged 65 and Older	91.5	92.4	0.99	93.7	0.98	91.8	1.00	87.9	1.04
Title 19 (Medicaid) Funded Residents	63.8	62.9	1.01	60.6	1.05	62.7	1.02	66.1	0.97
Private Pay Funded Residents	27.7	20.3	1.36	26.1	1.06	23.3	1.19	20.6	1.35
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	21.3	31.7	0.67	34.4	0.62	37.3	0.57	33.6	0.63
General Medical Service Residents	23.4	21.2	1.11	22.5	1.04	20.4	1.15	21.1	1.11
Impaired ADL (Mean)	57.0	48.6	1.17	48.3	1.18	48.8	1.17	49.4	1.15
Psychological Problems	29.8	56.4	0.53	60.5	0.49	59.4	0.50	57.7	0.52
Nursing Care Required (Mean)	6.9	6.7	1.03	6.8	1.01	6.9	1.00	7.4	0.93